

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90319 001 ***150.00

DOCUMENT # P98000054630

1. Entity Name
ELIDE CORP.

Principal Place of Business
**8241 S.W. 32ND TERRACE
 MIAMI FL 33155**

Mailing Address
**8241 S.W. 32ND TERRACE
 MIAMI FL 33155-3343**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14532 SW 126 AVE
 Suite, Apt. #, etc.

3. Mailing Address
10440 SW 126 AVE
 Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33186 Country
MIAMI DADE

Zip
33186 Country
MIAMI DADE

4. FEI Number **65-0849145** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FARKAS, ALEX D
 8241 S.W. 32ND TERRACE
 MIAMI FL 33155**

7. Name and Address of New Registered Agent
 Name **ALEX D. FARKAS**
 Street Address (P.O. Box Number is Not Acceptable)
10440 SW 126 AVE
 City **MIAMI** FL Zip Code **33186**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONILLA, ELIAS 14532 S.W. 129TH ST. MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARKAS, ALEX D 8241 SW 32ND TERRACE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARKAS, YAZMIN 8241 SW 32ND TERRACE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELIAS BONILLA 10440 SW 126 AVE MIAMI FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEX D. FARKAS 10440 SW 126 AVE MIAMI FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YAZMIN FARKAS 8241 SW 32 TER MIAMI FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date 4-26-00 Daytime Phone # 305-2336648